

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 09-MAR-2015		TIME 21:45:00	2. ADDRESS OF OCCURRENCE 3151 W HARRISON ST CHICAGO, IL 60612				3. LOCATION CODE 281		4. BEAT/OCUR 1134	
	5. POSITION 9161	6. LAST NAME BARRIOS	7. FIRST NAME ARDELIA	8. STAR NO. 5795	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 505	13. WT. 129		
	14. DATE OF APPT. 29-OCT-2007	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1131	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME THOMAS	21. FIRST NAME MAKELA	22. M.I. A	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 506			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized	36. IR NO. 19075054							
	37. CHARGES PLACED 625 ILCS 5.0/6-303-A, 9-12-050(B), 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720	38. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	ASSAULTANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAULTANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAULTANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____					
	39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	40. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stim) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	41. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	42. MEMBER'S RESPONSE KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	43. MEMBER'S RESPONSE FIREARM <input type="checkbox"/> OTHER _____						
	44. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	45. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	46. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	47. WEATHER CONDITIONS <input type="checkbox"/> OTHER							
	48. TASER DART ID NO.	49. WEAPON SERIAL NO. (Include Letters)	50. CHICAGO GUN REG. NO.	51. IL. FIREARM OWNER ID. NO.	52. HANDGUN CERTIFICATE NO.						
53. SPECIAL WEAPON CERTIFICATE NO.	54. PROPERTY INVENTORY NO.	55. TYPE OF AMMUNITION USED	56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 0	57. TOTAL NO. OF SHOTS MEMBER FIRED							
58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)								
62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)										
69. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	70. REVIEWING SUPERVISOR (Print Name) TOPCZEWSKI, BRYAN T	STAR/EMPLOYEE NO. 2347	SIGNATURE [REDACTED]	DATE REVIEWED 10-MAR-2015 01:16:46							
71. RD NO. HY178182	72. SIGNATURES 73. REPORTING MEMBER (Print Name) BARRIOS, ARDELIA 10-MAR-2015 01:14:11	74. REVIEWING SUPERVISOR (Print Name) TOPCZEWSKI, BRYAN T	STAR NO. 5795	SIGNATURE [REDACTED]							
75. CPD-11.377 (REV. 3/08)	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										

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ATT-7

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Upon the subject returning from the hospital for injuries she incurred, R/Lt. attempted to interview the subject regarding her actions in which she kicked at the officer who was attempting to remove her boot during a custodial search. The subject refused to acknowledge R/Lt.'s presence. R/Lt. is the subject several times if she would like to make a statement but received no response.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WO reviewed all reports and concluded that the member's actions were in compliance with Department procedures and directives. R/WO was also present when the subject kicked at the officer in Cell A-3. R/WO notified CPIC - P.O. Chibe # 7303 @ 2340 hrs. regarding the injuries the Subject received when she kicked at P.O. Barrios # 5795 and fell onto the lock-up bench in Cell A-3, thus cutting her chin. CL # 107411 / EO # 15 - 009.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO: 107411 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M.

SIGNATURE



DATE COMPLETED

10-MAR-2015 02:10:39

79. TOTAL HRS THIS EVENT NO.

2